

**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

<p>v.</p> <p style="text-align: center;">PLAINTIFF(S)</p> <p style="text-align: center;">DEFENDANT(S)</p>	<p>CASE NUMBER</p> <p style="text-align: center;"><b>APPLICATION FOR REFUND OF FEES; ORDER THEREON</b></p>
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Please complete all fields in Section I. If you are requesting a refund of fees paid online using pay.gov, also complete Section II. Then electronically file the completed form using the Application for Refund of Fees event in CM/ECF.

**SECTION I**

Name of Applicant: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Requested Refund Amount \$ \_\_\_\_\_

Document Title and Docket #: \_\_\_\_\_

Transaction Date: \_\_\_\_\_

Receipt Number:  
(If paid by cash/check only) \_\_\_\_\_

**Reason for refund request:**

- Duplicate or unnecessary payment submitted
- Overpayment of a required filing fee
- Pro hac vice application denied
- Other: \_\_\_\_\_

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**SECTION II** (Complete only if you are requesting a refund of fees paid online using pay.gov. This information can be found in the pay.gov screen receipt or confirmation email.)

Account Holder Name: \_\_\_\_\_

Pay.gov Tracking ID: \_\_\_\_\_

Agency Tracking ID: \_\_\_\_\_

***For Court Use Only***

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**Fiscal Department**

- Refund issued
- Application referred to United States District/Magistrate Judge for ruling; it is recommended that the Application be:
  - GRANTED
  - DENIED pursuant to the policy of the Judicial Conference of the United States (*Guide to Judiciary Policy*, Vol. 4, Chap. 6, § 650)

IT IS ORDERED that the application for refund of fees is:

GRANTED       DENIED

\_\_\_\_\_  
United States District/Magistrate Judge